



Feline Behaviour Questionnaire

Obtaining the following information prior to meeting allows best use to be made of the consultation time. Please be as accurate as possible and if necessary, expand answers separately. Please email this questionnaire to team@bayvets.co.uk or post to Bay Vets, Baldrand House, Bowerham Road, Lancaster, LA1 3AJ.

General Information

Client Name(s): _____ Referring Veterinary Surgeon: _____

Address: _____ Cats Name: _____

_____ Breed: _____

_____ Sex: M / F

Postcode: _____ Neutered: N / Y - aged: _____ (Yrs / Months)

Tel(s): _____ Age: _____ (Yrs / Months)

E-mail Address: _____ Age Obtained: _____ (Yrs / Months)

Please describe your cats temperament: _____

Have you owned a cat before: _____ If yes, which breed: _____

Early History

Where did you get your cat from? _____ No. previous owners' _____

Please describe previous environments, i.e. family home, outdoor cattery, farm, children, other pets, hand-reared: _____

If from a rescue organisation, how long was he/she there? _____

What were the reasons for re-homing?

Why did you choose this individual or breed? _____

Health Status

Does your cat have current or previous health problems? _____

Is your cat given medication, herbal remedies or food supplements? _____

Has your cat ever been bred from (if so, please provide details)? _____

Present Household

Please list human household members, detailing age and involvement with the cat concerned:

<u>Name</u>	<u>Age</u>	<u>Involvement with Cat</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who else is involved with the care of your cat, e.g. sitters, groomers, boarding facilities?

<u>Name</u>	<u>Involvement with Cat</u>
_____	_____
_____	_____

Please list all other pets within the household:

Name / Species Breed	Age	M/F	Neutered	Date Joined Household
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe the relationship(s) between household pets: _____

Daily Routine

How long is your cat typically left alone on a weekday / weekend? _____

Does he/she settle when left alone? _____

Where in the household does he/she stay when left alone? _____

Where does he/she sleep during the day? _____

Where does he/she sleep at night? _____

Is your cat particularly active at night? _____

Does he/she ever wake you at night? _____

Does your cat seek out high places to rest? _____

Where does your cat tend to go to the toilet? _____

Does he/she follow any particular person around the house? _____

Please describe a typical 24 hr period for your cat: _____

Diet

What type / brand of food is your cat fed? _____

What type / brand of treats are given, & how often? _____

How many time a day is he/she fed, & at what times? _____

Do you include supplements (please describe)? _____

Where is your cat fed? _____

Who feeds your cat? _____

Does changing his/her food affect behaviour? _____

How many food & water bowls are provided within the home? _____

Do you notice your cat drinking water often? _____

Exercise

Please describe your home, i.e. house, apartment, ground-floor etc: _____

Does your cat have access to a garden (free access or restricted)? _____

(Where applicable) Does your cat access the garden via a cat-flap? _____

(Where applicable) Approximately how much time is spent outdoors daily? _____

(Where applicable) Does your cat frequently catch prey? _____

(Where applicable) Please describe your garden boundary, i.e. wall, fence, cat-proofing: _____

(Where applicable) Does your cat choose to stay within the garden boundary? _____

Do other cats visit your garden, or are they regularly seen through windows? _____

(Where applicable) How does your cat react when he/she sees visiting cats? _____

If your cat roams, how far on average? _____

If roaming, does your cat stay away from home for any significant time period? _____

Does your cat play with toys? _____ What types? _____

Who initiates play: people or your cat? _____

Does your cat use or have access to scratch posts (please describe): _____

Training

Have you ever trained your cat? _____ If so, please describe outcomes / methods: _____

Has any training equipment ever been used? _____

Have you ever involved another behaviourist: _____ If so, please provide details: _____

Elimination Behaviour

Does your cat use a litter tray? _____ If so, is this for urine, faeces, or both? _____

(Where applicable) Does your cat bury its faeces / urine within the litter tray? _____

Does your cat ever eliminate outside of the litter tray? _____

How many litter trays are within the home? _____ What type (covered / uncovered): _____

Where are the litter trays located within the home? _____

What litter material is used? _____

Do you always use the same litter type / brand? _____

How often is the litter replaced and the tray cleaned? _____

What cleaning solution is used to clean the tray? _____

Behaviour Causing Concern

Please describe the behaviour(s) causing concern. If more than one, please specify the order of concern you place them in: _____

When does this behaviour occur? _____

Is the behaviour directed at a particular individual? _____

Who is usually present at the time? _____

What happens immediately before these behaviours are displayed? _____

Please describe how you / others react, or have reacted, to the behaviour: _____

When did this behaviour first occur? Please describe the first incident: _____

Are you aware of any change in circumstances / trauma for your cat around this time? _____

Has the frequency / severity of this behaviour since increased? _____

Please describe the last incidence: _____

Are you aware of related pets having behavioural / medical problems? _____

Do other pets he/she has contact with display similar behaviours? _____

Please describe previous methods used to resolve this issue: _____

What action would be considered if the behaviour continued? _____

Does your cat ever display aggression? Please describe: _____

How does your cat react to visitors, children and strangers? _____

Please describe scenarios which cause your cat anxiety, i.e. vet visits, grooming, loud noises, visitors:

Rehabilitation

Please realistically describe your expectations of behaviour therapy: _____

How much time can each household member dedicate to addressing the issue? _____

Please do contact me if your situation changes. I look forward to meeting with you and your cat.

Diane Bain

Cat Advocate